

Electronic Funds Transfer (EFT) - Account Update

This form is intended for accounts currently registered for EFT filing. Complete the requested information if you choose to add or delete a tax to be paid using EFT.

PART 1: ACCOUNT INFORMATION

Company Name		User ID Code (5 digits)	
		Taxpayer Identification Number —	
Address			
City	State	ZIP Code	Contact Person Telephone Number
Contact Person			Contact Person Fax Number

PART 2: TAX INFORMATION

Check the appropriate box to add or delete a tax to be remitted by EFT (check all that apply). You will be notified in writing once the change is complete.

<u>ADD</u>	<u>DELETE</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Withholding (01100)
<input type="checkbox"/>	<input type="checkbox"/>	Single Business Tax Estimate (02100)
<input type="checkbox"/>	<input type="checkbox"/>	Single Business Tax Annual (02671)
<input type="checkbox"/>	<input type="checkbox"/>	Sales Tax (04200)
<input type="checkbox"/>	<input type="checkbox"/>	Use Tax on Sales and Rentals (04400)
<input type="checkbox"/>	<input type="checkbox"/>	Use Tax on Purchases (04500)
<input type="checkbox"/>	<input type="checkbox"/>	Motor Fuel (05000)
<input type="checkbox"/>	<input type="checkbox"/>	IFTA (05900)
<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Products Tax (07300)
<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Products Proposed Adjustments (07311)
<input type="checkbox"/>	<input type="checkbox"/>	Tobacco License Fee/Equity Assessment (07321)
<input type="checkbox"/>	<input type="checkbox"/>	Tobacco Stamp Fee (07331)

_____ - Provide the date you wish to begin making the EFT payments for the tax type(s) checked above. We will try to complete processing by the date you provide. EFT payments for the tax identified above should not begin until you have received confirmation that your account has been updated.

PART 3: AUTHORIZATION (FOR EFT DEBIT FILERS ONLY)

If you are interested in making EFT debit payments for the taxes selected above, you must give written permission to access the bank account you have designated to withdraw your authorized funds. You may do this by providing your signature below.

<i>I authorize the State of Michigan and its authorized contractor to make variable withdrawals by electronic transfer from the designated financial institution and account. I understand that only the withdrawals I authorize will be made and that this process is protected by a password and a user code. I understand that I may cancel this authorization at any time by sending a written notice to the address noted below. I agree to comply with the National Automated Clearing House Association Rules and Regulations about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. Michigan law governs electronic funds transactions authorized by this agreement in all respects except as otherwise superseded by federal law. If multiple signers are required to authorize a withdrawal of funds, all must sign this form.</i>		
Signature of Responsible Officer	Title	Date

If you have any questions, please contact the Michigan Department of Treasury at (517) 636-4350. You may fax this form to (517) 636-4356, or mail this form to:

Sales, Use and Withholding Taxes
Michigan Department of Treasury
P.O. Box 30427
Lansing, Michigan 48909

OFFICE USE ONLY	
Change Effective	Signature